



**JONATHAN E. FIELDING, M.D., M.P.H.**  
Director and Health Officer

**JONATHAN E. FREEDMAN**  
Chief Deputy Director

313 North Figueroa Street, Room 806  
Los Angeles, California 90012  
TEL (213) 240-8117 • FAX (213) 975-1273

[www.publichealth.lacounty.gov](http://www.publichealth.lacounty.gov)



**BOARD OF SUPERVISORS**

**Gloria Molina**  
First District

**Mark Ridley-Thomas**  
Second District

**Zev Yaroslavsky**  
Third District

**Don Knabe**  
Fourth District

**Michael D. Antonovich**  
Fifth District

October 15, 2009

TO: Each Supervisor

FROM: Jonathan E. Fielding, M.D., M.P.H. *J. Fielding*  
Director and Health Officer

SUBJECT: **FEDERAL FUNDING INITIATIVE - COMMUNITIES PUTTING PREVENTION TO WORK**

This is in response to the September 29, 2009 Board motion directing the Department of Public Health (DPH) to review the Health and Human Services funding opportunity announcement (FOA) for the Communities Putting Prevention to Work initiative; collaborate with community partners, in addition to those currently part of the Programs for Livable and Active Communities and Environments (PLACE) program, in developing a countywide proposal in response to the Centers for Disease Control and Prevention (CDC) funding initiative; and provide a report back to the Board by October 16, 2009 that outlines the parameters of the Department's funding proposal to the CDC.

**Background**

This Communities Putting Prevention to Work funding initiative includes \$373 million that will be awarded to 30-40 local jurisdictions across the country to address two focus areas: tobacco control and nutrition/physical activity/obesity prevention. For the largest jurisdictions (those with a population of over 1 million), the funding awards will be in the range of \$10-20 million over a two-year period. Jurisdictions may submit proposals for one or both focus areas. If a jurisdiction applies for both, however, separate applications are required. The deadline for proposal submission is December 1, 2009 and awards are scheduled to be made on February 26, 2010. The FOA requires that the local health department, or its bona fide agent, serve as the lead in the application but also specifies that proposals must include broad partnerships with community, school, city, county, and other stakeholders.

Considering the number of jurisdictions eligible, this will be a highly competitive grant.

The FOA also specifies that proposals must focus on policy, systems, and environmental changes, and provides a menu of five intervention areas (referred to as MAPPS) that must be addressed in each proposal: Media, Access, Point of Purchase/Promotion, Price, and Social Support and Services (see Attachment for specific examples). Funding cannot be used for clinical services, with the exception of tobacco cessation services, or for construction. The FOA is clear that for proposals to be competitive, they must focus on population-level interventions rather than individual-level services and should be jurisdiction-wide while also addressing populations disproportionately burdened by chronic disease.

### **Parameters of the Department's Funding Proposal**

DPH will submit applications for both focus areas and has already initiated a process to solicit stakeholder input. DPH staff have met with or are in the process of scheduling meetings with representatives from the County's Chief Executive Office (CEO), Department of Regional Planning, Department of Public Works, Department of Parks and Recreation, City of Los Angeles, Los Angeles County Office of Education (LACOE), Los Angeles Unified School District (LAUSD), First 5 LA, the Los Angeles County Metropolitan Transportation Authority (Metro), the City of Long Beach Department of Health, and the City of Pasadena Public Health Department. Given the FOA's call for jurisdiction-wide interventions, we believe it is imperative to include these large departments, agencies, and organizations as partners in the proposal to be competitive.

DPH has also convened a meeting with local tobacco control experts and key stakeholders (including community coalitions) and with local experts and key community stakeholders on nutrition and physical activity-related policy on October 13 and 15, 2009, respectively. In addition, a larger, open-invitation community stakeholder meeting is scheduled on October 20, 2009 from 9:00 to 11:30, in the main auditorium at 313 North Figueroa Street, Los Angeles, CA.

Input provided at these meetings will assist DPH in identifying interventions in each proposal that address all five MAPPS intervention areas. It is important that each proposal includes a comprehensive, integrated approach that reaches large segments of the county population, rather than a patchwork of disconnected programs targeted to small population groups. In keeping with this strategy, it is anticipated that the proposals will include partnerships with other County departments to implement policies and plans that promote physical activity and increased access to healthy foods in the county's unincorporated areas. Partnerships will also likely be established with the City of Los Angeles and the Long Beach and Pasadena health departments to implement similar measures in their respective jurisdictions. A condition of partnership will be the inclusion of community coalitions and/or community-based organizations with experience in tobacco control or nutrition and physical activity policy work. In addition, partnerships will likely be established with LACOE and LAUSD to implement policy and environmental change in the school setting. Partnerships will also be pursued with other large policymaking bodies, such as Metro and First 5 LA.

To further engage smaller communities, cities, and school districts in the nutrition and physical activity proposal, DPH, if successful in obtaining an award, will likely release a request for proposals from partnerships of community organizations, cities and school districts using the 2007 PLACE Program grants as a model. Approximately eight awards will be made in communities with high childhood obesity rates, with at least one award in each service planning area (SPA) to ensure broad geographic representation.

In the tobacco control proposal, DPH plans to award approximately 100 mini-grants to social service agencies to implement smoking cessation programs that include the adoption of smoke-free environment policies and the provision of effective smoking cessation services for clients and staff. Additionally, DPH will likely work with a coalition of homeless shelters to address barriers to integrating smoking dependence treatment and smoke-free standards in homeless facilities in Los Angeles County.

### **Next Steps**

Within the next four weeks, DPH will formalize partnerships and draft the plan for each proposal. As requested, DPH will provide a report to the Board on November 13, 2009 with further details of the proposals.

Given the very short time before the proposal due date of December 1, 2009, DPH will be requesting Board approval of sole source agreements for the proposal in an expedited time frame. In addition, DPH will be conducting an expedited RFP process for the eight community/city/school district sub-awards that will be included in the nutrition/physical activity proposal. Though it will not be possible to complete this process by the application due date, it will be important to demonstrate in the application that we have initiated the process and that it will be completed by the time of the February 26, 2010 award date.

The FOA requires that, if funded, the local health department and partners have all staff on board and up and running within 60-90 days of the award. Given this short time frame, DPH will request delegated authority from the Board to accept the award.

It is anticipated that the CDC will receive hundreds of proposals and that the review process will be extremely competitive. Therefore, it is essential that our application in each focus area include an extremely compelling proposal with policy and environmental change interventions that can reach large segments of the county population. In addition, we will need to demonstrate that we have the support of County leadership and will be requesting letters of support from the CEO and your Board.

If you have any questions or need additional information, please let me know.

JEF:ps  
PH:910:001

### **Attachment**

c: Chief Executive Officer  
Acting County Counsel  
Executive Officer, Board of Supervisors

**Menu of Policy and Environmental Change Strategies**  
 Department of Health and Human Services Funding Opportunity  
 September 2009

	<b>Nutrition</b>	<b>Physical Activity</b>
<b>Media</b>	<ul style="list-style-type: none"> <li>• Media and advertising restrictions</li> <li>• Promote healthy food/drink choices</li> <li>• Counter-advertising for unhealthy choices</li> </ul>	<ul style="list-style-type: none"> <li>• Promote increased activity</li> <li>• Promote use of public transit</li> <li>• Promote active transportation (bicycling and walking)</li> <li>• Counter-advertising for screen time</li> </ul>
<b>Access</b>	<ul style="list-style-type: none"> <li>• Healthy food/drink availability (e.g., incentives to food retailers to locate/offer healthier choices in underserved areas, healthier choices in child care, schools, worksites)</li> <li>• Limit unhealthy food/drink availability (whole milk, sugar sweetened beverages, high-fat snacks,)</li> <li>• Reduce density of fast food establishments</li> <li>• Eliminate transfat through purchasing actions, labeling initiatives, restaurant standards</li> <li>• Reduce sodium through purchasing actions, labeling initiatives, restaurant standards</li> <li>• Procurement policies and practices</li> <li>• Farm to institution, including schools, worksites, hospitals and other community institutions</li> </ul>	<ul style="list-style-type: none"> <li>• Safe, attractive accessible places for activity (e.g. access to outdoor recreation facilities, enhance bicycling and walking infrastructure, place schools within residential areas, increase access to and coverage area of public transportation, mixed use development, reduce community designs that leads to injuries).</li> <li>• City planning, zoning and transportation (e.g., planning to include the provision of sidewalks, mixed use, parks with adequate crime prevention measures, and Health Impact Assessments)</li> <li>• Require daily quality PE in schools</li> <li>• Require daily physical activity in afterschool/childcare settings</li> <li>• Restrict screen time (afterschool, daycare)</li> </ul>
<b>Point of Purchase/ Promotion</b>	<ul style="list-style-type: none"> <li>• Signage for healthy vs. less healthy items</li> <li>• Product placement &amp; attractiveness</li> <li>• Menu labeling</li> </ul>	<ul style="list-style-type: none"> <li>• Signage for neighborhood destinations in walkable/mixed-use areas</li> <li>• Signage for public transportation, bike lanes/boulevards.</li> </ul>
<b>Price</b>	<ul style="list-style-type: none"> <li>• Changing relative prices of healthy vs. unhealthy items (e.g. through bulk purchase/procurement/competitive pricing).\</li> </ul>	<ul style="list-style-type: none"> <li>• Reduced price for park/facility use</li> <li>• Incentives for active transit</li> <li>• Subsidized memberships to recreational facilities</li> </ul>
<b>Social Support &amp; Services</b>	<ul style="list-style-type: none"> <li>• Support breastfeeding through policy change and maternity care practices</li> </ul>	<ul style="list-style-type: none"> <li>• Safe routes to school</li> <li>• Workplace, faith, park, neighborhood activity groups (e.g., walking hiking, biking)</li> </ul>